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Country programme document

Papua New Guinea

Summary

The country programme document (CPD) for Papua New Guinea is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $10,870,000 from regular resources, subject to the availability of funds, and $75,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. Papua New Guinea is one of the world's most diverse countries in terms of biodiversity, ethnicity and linguistics (over 850 languages are spoken). It comprises approximately 463,000 km2, including the eastern half of New Guinea Island, the New Britain, New Ireland and Bougainville islands and over 600 smaller islands, 27 per cent of which are inhabited.

2. With an annual growth rate of 2.3 per cent, the population is projected to reach 9 million by 2020. This rapid growth, combined with the mountainous terrain, small scattered islands, poor transportation networks and expensive air travel, poses enormous challenges for the provision of basic services and infrastructure. Rural areas host 85 per cent of the population and 80 per cent of the poor,[1] resulting in substantial migration from rural to urban areas, thus creating new challenges for cities, including informal settlements with poor infrastructure and housing and higher levels of unemployment and crime. In 2011, over half of the 7.05 million people of the country were under 19 years of age.[2]

3. The country's rapid economic growth over the last decade contrasts with persistent poverty, which, at approximately 37 per cent,[3] is considered high against both regional and international standards. It ranked 158 out of 188 countries in the 2015 United Nations Development Programme Human Development Index and scored 3 in the 2015 World Bank Country Policy and Institutional Assessment, exhibiting many of the indicators of state fragility. Due to decreasing oil revenues, the growth rate of the gross domestic product decreased from 13.3 per cent in 2014 to 2.2 per cent in 2016,[4] provoking cuts in social budgets and payments delays.

4. Papua New Guinea is a democracy, with a free press and independent judiciary. The country is highly decentralized, with multiple tiers of government, each funded largely from the national budget. Central Government policymaking and fiscal control are strong. The Development Strategic Plan 2010-2030 maps a path to middle-income status, with a first pillar focused on human capital development, gender, youth and people empowerment. However, capacity is uneven at the provincial and district levels, which have historically performed poorly in terms of service delivery and development.[5] Strong links between ethnicity and party affiliation favour regional and local political interests.

5. The country has ratified six human rights treaties, including the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. The Government faces challenges in meeting its reporting obligations and has not submitted a progress report to the Committee on the Rights of the Child since its first in 2002. However, in 2016, the country participated in the universal periodic review second cycle, accepting most recommendations, and committed to establishing a national mechanism for reporting and follow-up.

[1] Asian Development Bank, 2015.
[2] National Statistical Office of Papua New Guinea, April 2012.
[3] Papua New Guinea Poverty Profile, 2012, based on The Household Income and Expenditure Survey, 2009-2010.
[4] Asian Development Bank data: www.adb.org/countries/papua-new-guinea/economy.
[5] National Human Development Report, *From Wealth to Wellbeing: Translating Resource Revenue into Sustainable Human Development*, 2014, p.39.

6. Papua New Guinea did not achieve any of the Millennium Development Goals, despite some progress in health, education and other sectors. Persistent challenges remain in addressing poverty, low levels of literacy, tuberculosis, maternal mortality, nutrition, immunization, family planning, environmental sustainability, gender and global partnerships.

7. Many of the country's health challenges result from weak health systems, including low and untimely health financing. About 40 per cent of rural primary health-care facilities are closed or only partially functional.[6] Operating facilities are often run by churches, non-governmental organizations (NGOs) or the private sector and most face critical staff shortages.

8. One result is poor obstetrical and newborn care, resulting in a high rate of under-five mortality (57 per 1000 live births[7]), with about 46 per cent of deaths occurring during the first month of life. At 215 out of 100,000 live births, the maternal mortality rate is among the highest in the region, as is neonatal mortality (25 out of 1,000 live births). Immunization coverage has plateaued at around 60 per cent for almost a decade, with 43 out of 89 districts still below 50- per-cent coverage or lower.[8] Papua New Guinea is the only country in the region that has not eliminated maternal and neonatal tetanus, and it has the highest number of HIV infections in the Pacific region.

9. Malnutrition is the underlying cause of half of all under-five deaths. Almost half of children aged 6 to 59 months are stunted, with approximately 16 per cent of children under the age of five years exhibiting wasting. Stunting is prevalent among all wealth quintiles. The country lacks trained nutritionists and related systems and services. There is no comprehensive protocol to manage severe acute malnutrition, and little knowledge of therapeutic feeding protocols.

10. Papua New Guinea ranks the lowest globally for access to safe water and the lowest in the Pacific region for adequate sanitation. Coverage rates are declining further, with important rural/urban disparities. Water-borne diseases, such as diarrhoea and acute respiratory infections, are among the principal causes of under-5 mortality. Over 60 per cent of the population use unimproved water supplies and less than 20 per cent use improved sanitation facilities, leading to widespread open defecation in rural communities. According to a 2015 baseline assessment on water, sanitation and hygiene (WASH) in schools,[9] only 41 per cent of the primary schools surveyed had one functional toilet exclusively for girls and 51 per cent of the schools had one functional toilet for boys.

11. Only 35 per cent of children complete primary education (grade 8) due to low school-enrolment levels, low teaching quality and poor availability of inclusive education. The Tuition Free Policy raised basic school enrolment in recent years, but has resulted in overcrowding, a lack of adequate resources in the classroom and an increase in the number of overage students in all primary grades to between 60 and 80 per cent. The poor learning outcomes seem to result from low-quality teaching, the inequitable distribution of schools and teachers, irregular remuneration for teachers and high rates of violence. Among grade-5

[6] World Health Organization (WHO) and National Department of Health, Health Service Delivery Profile – Papua New Guinea, 2012.
[7] Inter-Agency Group for Mortality Estimation, 2015.
[8] WHO-UNICEF joint reporting, 2015.
[9] National Department of Education and UNICEF, Baseline assessment of water, sanitation and hygiene in 200 primary schools in six provinces in Papua New Guinea, 2015/2016.

students only 50 per cent can read, 7.5 per cent can write with the expected quality and less than 5 per cent can perform mathematics at grade level.

12. Women and children are exposed to a high rate of violence. Violence against women is a criminal offence, but is often viewed as a private matter and a traditionally accepted way for men to control women.[10] Birth registration is among the lowest in the world, with an estimated 10 per cent of children registered and 3 per cent with a birth certificate. The social welfare and justice sectors remain critically understaffed and underfunded. The formal justice system is unresponsive to the needs of children and women.

13. Papua New Guinea ranked 158 out of 188 countries in the gender inequality index. Very high levels of violence against women and girls impede progress towards social and economic goals. Women are underrepresented at all levels of the Government, limiting their power to influence public policy. The low status of women and girls, driven by stereotypes, cultural norms, attitudes and behaviours of service providers and communities, significantly affect the access of women and girls to resources and basic services, such as health care and education, and their control over them.

14. While the country has ratified the Convention on the Rights of the Persons with Disabilities, national laws, policies and services do not fully consider people with disabilities. Data on children with disabilities is limited and inconsistent. Gendered social norms and cultural beliefs often lead to discrimination and stigma within the family, community and workplace.

15. The limited national capacity to collect and analyze data is a critical challenge and constrains evidence-based programming. The last Demographic and Health Survey dates to 2006, and the 2011 census data was not published until 2014.

16. Papua New Guinea is located in one of the most hazard-prone regions in the world, with exposure to volcanic eruptions, earthquakes, landslides and tsunamis, cyclones, floods, tidal surges, drought and forest fires. Climate change, the overexploitation of natural resources, unsustainable land and sea use, habitat destruction, pollution and poor environmental governance increase the country's vulnerability to natural hazards. The proliferation of small arms, urban crime and tribal conflict are also challenges for central and local authorities. Poverty and a lack of social protection systems further limits people's ability to cope with recurrent shocks.

17. The Government struggles with staff shortages due to the inability to attract and retain workers, particularly in hard-to-reach rural communities. Limited capacities, logistical challenges and high implementation costs have constrained programme implementation, while a lack of data has limited results reporting. A key lesson learned from past cooperation is the need to strengthen policy and advocacy to foster government ownership and sustainability, while continuing to support service delivery and demand-generation.

18. Structural challenges, including weak governance, centralized decision-making, poor national-subnational coordination, insufficient resource allocation and high levels of wastage as well as persistent gender bias on the part of service providers are major bottlenecks that slow progress in basic service delivery. As a result, performance against key indicators of the situation of children has plateaued or deteriorated. Focusing on

[10] Macintyre, Martha, "Gender violence in Melanesia and the problem of Millennium Development Goal number 3", in Jolly, Margaret; Stewart, Christine; Brewer, Carolyn (Eds.), *Engendering Violence in Papua New Guinea*, Australia National University, 2012.

addressing persistent system and policy implementation issues, which constrain the enabling environment, while strengthening direct service delivery models, is essential.

Programme priorities and partnerships

19. The country programme is a steppingstone to the achievement of the Sustainable Development Goals and is aimed at addressing inequality, so that all children and adolescents access the services necessary to fulfil their rights. The programme comprises five convergent outcome areas in health, nutrition, education, child protection and WASH. These contribute to all five Goals of the draft UNICEF Strategic Plan, 2018-2021, as well as at least 18 result areas, to ensure that every child survives and thrives, is educated and is protected from violence and exploitation and lives in a safe and clean environment. To ensure that every child has an equitable chance in life, strategic cross-sectoral support within the social- inclusion and programme-effectiveness components will address critical bottlenecks that prevent achievement, including in the areas of gender equality; adolescent empowerment; and the reduction of multidimensional child poverty, including through social protection and strengthened local governance. Resilience and disaster risk reduction have been mainstreamed into all components.

20. UNICEF consulted extensively with the Government, development partners, civil society organizations and adolescents, including for the analysis of barriers and bottlenecks to service delivery and the underlying theory of change. The United Nations Development Assistance Framework (UNDAF), developed collaboratively and validated with the Government in February 2017 and signed in March, is aligned with government frameworks and national priorities, including Vision 2050 and the National Strategy for Responsible Sustainable Development. The country programme primarily contributes to the UNDAF 2018-2022 "People" outcome, which envisages that "by 2022, people in Papua New Guinea, especially the most marginalized and vulnerable, have enhanced and sustained utilization of quality and equitable services, food security and social protection".

Health

21. The health programme will reach newborns, children, adolescent girls and women of reproductive age, especially the most disadvantaged, to improve equitable access to and the use of quality maternal, newborn, child and adolescent health services, including immunization and HIV/AIDS. The theory of change highlighted the importance of convergence with the nutrition and WASH sectors to expand quality service coverage and use in target areas. UNICEF will provide technical advice on planning, budgeting, monitoring, data generation and the identification of capacity gaps; help to coordinate stakeholders; and leverage resources from other partners, including civil society and the private sector. Capacity-building support will increase the number of skilled service providers, particularly female outreach workers, in selected deprived provinces and districts. Service delivery will be supported through supplies (including cold chain), cash and services to facilitate the provision of critical services by the Government and other implementing partners. New approaches, including innovative alternative financing towards universal health coverage and the scaling up of critical interventions for children, will be explored. Demand will be increased through scaled up social mobilization and communications strategies, with a focus on adolescent girls' adoption of appropriate health behaviours.

Nutrition

22. The nutrition programme addresses supply and demand barriers associated with stunting. It is aimed at improving young-child feeding and care practices, micronutrient nutrition and the nutrition of children, adolescent girls and women, including in

humanitarian situations. It will support capacity development for the national and provincial Governments to formulate policy and strategy as well as to plan, budget, manage and coordinate multisectoral nutrition-specific and nutrition-sensitive interventions. In selected provinces, UNICEF will support supply provision to ensure the delivery of interventions, including for the community-based management of severe acute malnutrition, facility-based treatment, infant and young child feeding, micronutrient supplementation and adolescent and maternal nutrition services. The programme will promote knowledge of appropriate feeding and caring practices for caregivers and families to increase demand for key nutrition services and the adoption of positive nutrition behaviours, one of the main pathways to change.

Basic Education

23. The education programme will contribute to improved learning outcomes and completion rates in primary education through the strengthening of the Department of Education's capacity to develop and implement the National Quality School Standard Framework. . The programme will support pre- and in-service teacher training programmes aimed at improving skills to deliver child-friendly and gender-responsive education and support key stakeholders to provide alternative learning approaches and interventions for out-of-school children. At the national and local levels, the Department of Education will be further supported to promote WASH in schools and menstrual hygiene management. The capacity of the Community Development, Health and Education departments will be strengthened to develop and implement the inclusive early childhood development (ECD) policy for school readiness, including the early identification of developmental delays and early intervention through ECD centres and health facilities.

Child protection

24. Building upon current cooperation, the child protection programme addresses priority issues, bottlenecks and barriers to support the realization of the principal outcomes of the country's child protection policy, including through two sets of changes: (a) increasing access to key preventive and response services, as defined in the Lukautim Pikinini Act of 2015 and (b) increasing demand for and the use of essential packages of preventive and responsive protection services. The programme will promote a coordinated, multisectoral child protection system, support further improvements in the legal and policy environment, including the implementation of the overarching Act, and enhance the capacities of the Government, NGOs and civil society service providers to prevent and respond to violence and the capacity of families, communities and religious leaders to protect children and women from violence.

Water, sanitation and hygiene

25. The new WASH programme is aimed at enhancing the capacity of the Government, NGOs and community actors to reach at least 50 per cent of households and 60 per cent of schools and health facilities in selected areas with equitable, adequate, resilient and sustainable services that meet national standards, while contributing to other programme areas. The programme will promote behavioural change for improved WASH practices. Evidence-based planning, monitoring and decision-making will be strengthened through improved data and information management.

Social inclusion

26. The social inclusion programme is aimed at ensuring that national policies, plans and systems effectively promote gender-responsive social inclusion and multidimensional poverty reduction. UNICEF will work to ensure that national development and sector plans, budgets and social protection systems make specific commitments to children and promote their participation and engagement in decisions impacting their lives. The programme will strengthen national capacities to generate data and knowledge on child deprivation and disparities, while also supporting the research agenda for children to address the root causes of deprivations and identify emerging trends and issues. The programme will address the staggering capacity gaps of the national and provincial Governments in public-finance management, with a focus on the decentralization agenda and supporting local governance systems to effectively use resources towards results for the most disadvantaged children, adolescents, and women.

Programme effectiveness

27. The programme effectiveness programme will strengthen effective planning, coordination and results-based management in support of all programme components. Programme coordination will encompass guidance, tools and resources to UNICEF staff and partners for the design and management of programmes, along with the monitoring and evaluation of country programme results. Communications, advocacy and partnerships will contribute to increase the reach of the voice of UNICEF on behalf of children. Evidence and innovative approaches will be used to raise awareness of child rights and inequities, mobilize public support for policy change, using media and digital platforms, and support private sector fundraising, while promoting a credible brand. Cross-sectoral coordination will facilitate the implementation of key strategies, such as communication for development (C4D), disaster risk reduction and gender mainstreaming, while ensuring that enhanced field monitoring provides the information necessary to optimize programme effectiveness through the appropriate technical, supply and cash inputs.

28. The country programme will employ six strategies: (a) evidence-generation and policy dialogue to inform national policies, laws, budgets and standards; (b) institutional and human capacity-building for policy development and execution; (c) C4D to promote healthy practices, positive social norms, community mobilization and ownership; (d) service delivery to ensure inclusive quality services; (e) broad partnerships for children to promote aid effectiveness and South-South cooperation and to leverage resources for children; and (f) innovation to support programme implementation, communications and results monitoring, including through social media and mobile technology.

29. The proposed mix of strategies is aimed at ensuring a balance between upstream and downstream work against the background of the country's transition towards middle-income status. The country programme identifies support for cross-sectoral linkages as an explicit implementation strategy. UNICEF will emphasize learning from partnerships and programmes that support integrated programming for children at different life-cycle stages and promote gender equality.

30. The country programme will be focused on the most deprived provinces and rural areas, where the programme will accelerate the provision of children's access to basic services and bring efforts to scale. At the national level, the UNICEF catalytic role will be leveraged to bring about sustainable changes in systems and policies to address the root causes of rights violations. The programme will support nationwide priority interventions, such as routine immunization and vitamin A supplementation and the provision of teaching and learning materials.

31. Partnerships will be explored with a wide group of stakeholders from the United Nations, international financial institutions, civil society, faith-based organizations and international alliances, as well as with the private sector, the media, professional bodies and universities. UNICEF will increase its interactions and partnerships with local government, communities and community-based social structures.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	1 000	12 500	13 500
Nutrition	1 000	9 000	10 000
Water, sanitation and hygiene	1 000	24 000	25 000
Basic education	1 000	15 000	16 000
Child protection	2 000	10 000	12 000
Social inclusion	2 200	2 000	4 200
Programme effectiveness	2 670	2 500	5 170
Total	**10 870**	**75 000**	**85 870**

Programme and risk management

32. The main coordinating body providing strategic direction for Government cooperation with the United Nations and the implementation of the country programme is the Ministry of National Planning and Monitoring. The United Nations system harmonizes its collective strategy according to the One United Nations initiative, financed through a common budgetary framework. The Government and the United Nations plan together annually and oversee implementation at the technical and strategic levels. UNICEF participates in the results groups established to facilitate the coordination, management, implementation and reporting against the four UNDAF outcomes. Programme components and outcomes will be managed with the relevant ministries, Government agencies and intersectoral coordinating bodies.

33. The main potential threats to implementation are the possibility of an unstable or sensitive political situation; a shift in Government focus; declining investment in social sectors exacerbated by the recent economic downturn; serious technical capacity gaps within the social sectors and inflated costs of implementation; and an increase in natural disasters , exceeding existing response and resilience capacities.

34. As a mitigation strategy, UNICEF will strengthen communication and evidence-based advocacy. With partners, it will support the Government in risk-informed programming and regularly assess and monitor disaster risks, with a view to reducing country and community risk and preparing for and responding to emergencies in a coordinated manner.

35. Regular resources and a portion of other resources will contribute to management costs. Programme implementation risks related to fund transfers and implementation will be monitored through risk-management tool updates, programme assurance activities

(including harmonized approach to cash transfer compliance), adherence to corporate anti-fraud guidance and performance reviews of office management targets and standards.

36. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

37. Results monitoring will rely upon strong coordination with national partners in collaboration with United Nations agencies to support national planning, statistics-strengthening and aid effectiveness. The delivering-as-one processes will assure better coordination with the Government and improved coherence. Joint work plans will be developed and updated with the Government and other partners based on recommendations from annual reviews. The United Nations reports annually on the progress through a single progress report to the Government and other stakeholders.

38. UNICEF will support the monitoring systems of the Government with field monitoring, undertaken jointly with partners. Innovative ways of monitoring will be explored using modern technology, including mobile phones. UNICEF will accelerate the implementation of the Monitoring Results for Equity System in order to continuously assess barriers and bottlenecks.

39. The five-year and annual Integrated Monitoring and Evaluation Plans will identify requirements for research, studies, surveys, monitoring systems and evaluations linked to the key results and core indicators. UNICEF will participate in country-led reviews and consultations involving the United Nations and development partners. Independent evaluations will be conducted and jointly managed with the Government for programme learning and accountability and to provide evidence on innovative or pilot interventions prior to scale-up.

Annex

Results and resources framework

Papua New Guinea – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 6, 7, 12, 19, 24, 26, 27, 28 and 29

National priorities: Strategy for Responsible Sustainable Development 2014, Development Strategic Plan 2010-2030 and Vision 2050

Related Sustainable Development Goals: 1, 2, 3, 10 and 17; targets: 3.9.2, 4.a, 5.2, 6.1, 6.2, 16.2, 16.3 and 16.9.1

UNDAF outcomes involving UNICEF: Outcome 1: By 2022, people in Papua New Guinea, especially the most marginalized and vulnerable, have enhanced and sustained utilization of quality and equitable basic social services, food security and social protection.

Sub-outcome 1.1: By 2022 Papua New Guinea policies, plans and budgets promote inclusive human development, and are effectively led, regulated and coordinated; Sub-outcome 1.2: By 2022, national authorities (at the central and decentralized levels) effectively manage and deliver social services in line with national standards and protocols; Sub-outcome 1.3: By 2022, people in Papua New Guinea, especially the most marginalized and vulnerable, increasingly demand and use social and protective services.

Outcome indicators measuring change that includes UNICEF contribution: 1.1.3: Increase in gross completion rate at grade 8 (disaggregated by sex); 1.1.4: Total health expenditure per capita in United States dollars; 1.2.1: Increase in proportion of births attended by skilled health personnel; 1.3.1: Increase in percentage of adults and children on antiretroviral therapy among all adults and children living with HIV; 1.3.3-B: Number of cases of gender-based violence from a current/former intimate partner, family member and violence against children reported to authorities: police, social services, medical facility; 2.3.2 Reduction in prevalence of stunting in children under five years.

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*[2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks)*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2022, newborns, children under five years of age, adolescent girls and women nationally,	Proportion of infants who received Pentavalent-3 vaccination	National Health Information System (NHIS)	1. The budgetary and regulatory capacities of the national and provincial health authorities in selected provinces have improved	National Department of Health (NDOH); Department of National Planning	1 000	12 500	13 500

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

[2] Whenever possible, data will be disaggregated by sex and disability status.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*[2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
especially the most-disadvantaged, enjoy improved equitable access to and utilization of evidence-based high impact health services.	B: 56% (2015) T: 90%		capacity to support the effective implementation and scaling-up of high-impact gender-responsive maternal, newborn, child and adolescent health (MNCAH) services, focused on the most disadvantaged. 2. National and provincial health authorities in selected provinces have improved capacity to plan, implement, monitor and report the delivery of gender-responsive MNCAH services, focused on the most disadvantaged, to prevent excess morbidity and mortality among girls, boys and women, including in humanitarian situations. 3. Male and female caregivers and family and community members, especially the most disadvantaged in selected provinces, have improved knowledge and understanding regarding timely care-seeking and caring practices for quality immunization and MNCAH services, including the prevention of parent-to-child transmission of HIV and AIDS for their children.	and Monitoring (DNPM); provincial and non-provincial health authorities; United Nations; World Bank; Asian Development Bank (ADB); non-governmental organizations (NGOs), faith-based organizations (FBOs); universities; professional associations			
	Proportion of births conducted by skilled health workers B: 44% (2006) T: 60%	NHIS					
	Proportion of newborns receiving early essential newborn care at health facilities in selected provinces B: 55% (2016) T: 70%	NDOH monthly hospital-based report					
	Proportion of HIV-positive children who received antiretroviral therapy in selected provinces B: 36% (2015) T: 70%	NHIS HIV Reports					
2. By 2022, children under five years of age, adolescent girls and women in selected provinces adopt and utilize improved nutrition and care practices.	Proportion of infants 0-5 months) who are exclusively breastfed B: 36% (2010) T: 60%	Demographic and Health Survey and/or HIES	1. National and provincial Governments have improved capacity to formulate policy and strategize, plan, budget, manage and coordinate multisectoral nutrition-specific and nutrition-sensitive interventions for the most vulnerable and disadvantaged	DNPM; NDOH; provincial, non-provincial and district health authorities; World Health Organization; World Bank; NGOs; FBOs; universities;	1 000	9 000	10 000
	Proportion of districts in six	SMART Survey					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	selected provinces with 90% coverage for targeted children of severe acute malnutrition (SAM) treatment to Sphere standards B: 0 (2017) T: 90%	(midline, endline); UNICEF country programme evaluation	children, adolescents and women, including during emergencies. 2. National, provincial and district health authorities have improved capacity and the necessary supplies to ensure the delivery of nutrition-specific interventions to prevent excess morbidity and mortality among children and women, including during emergencies. 3. Male and female caregivers and families, especially the most vulnerable and disadvantaged, have improved knowledge of appropriate feeding and caring practices for women, adolescent girls, infants and young children and seek quality health and nutrition services, including in emergencies.	professional associations			
	Proportion of children (6-59 months) who received two doses of vitamin A. B: 22% (2015) T: 70%	NDOH Statistical Performance Annual Report (NHIS/Sector Performance Annual Review)					
3. By 2022, school-age girls and boys, especially the most marginalized, successfully complete pre-primary and primary education.	Net admission rate at the pre-primary grade B: 29% (2014) T: 50%	National Department of Education (NDOE) administrative data	1. Education officers at the national and subnational levels have increased capacity to plan, budget, implement and monitor child-friendly education in elementary and primary, including education for out-of-school children in selected provinces. 2. Teachers and school management in early childhood education centres, elementary and primary schools have improved skills to deliver child-friendly education and learning outcomes including for out-of-school children in rural and remote areas	NDOE; Department of Community Development and Religion; United Nations Educational, Scientific and Cultural Organization Institute for Statistics; Global Partnership for Education	1 000	15 000	16 000
	Proportion of girls and boys: (a) in grades 3; and (b) at the end of grade 5; achieving minimum proficiency level in reading and mathematics (a) Grade 3 (reading: 47%; mathematics: not yet established) (b) Grade 5 (reading: 18%;	Pacific Islands Literacy and Numeracy Assessment Survey; Curriculum Standard Monitoring Test; Early Grade Reading Assessment					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
	Mathematics: 37%) T: Grades 3 and 5: reading and mathematics: 50%		in selected provinces. 3. Mothers, fathers and caregivers in selected provinces have improved understanding of the value of sending girls and boys, including children with disabilities, to school, including to early childhood education centres.				
	Grade 8 completion rate B:35% (2014) T: 65%	National Department of Education Annual Report; Grade 8 National Exam Results Report					
4. By 2022, girls, boys and women nationally have increased access to and utilize preventive and responsive protection services that promote their safety, well-being and access to justice.	Proportion of Level 1[3] child protection notification cases in the five targeted provinces that receive comprehensive care. B: 0% T: 50%	Service delivery reports	1. National Government has increased capacity to effectively plan, budget, coordinate and monitor the implementation of key family and child protection laws and policies. 2. Mandated Government departments and civil society organizations in selected provinces have increased capacity to plan, budget and deliver essential packages of preventive and responsive protection services across health, welfare, education and justice sectors. 3. Communities, parents, caregivers and children have increased awareness of the consequences of violence and have the skills to protect children and women.	Departments for Community Development and Religion; Justice and Attorney General; NDOH; Royal Papua Constabulary; Magisterial Services; Constitutional and Law Reform Commission; Office of National Identification and Civil Registration; Department of Provincial and Local Government Affairs; FBOs, CSOs; United Nations agencies; development partners	2 000	10 000	12 000
	Percentage of children receiving diversion by police out of the total number of children arrested in selected provinces. B: 52% T: 70%	Juvenile justice annual report					
	Percentage of children under five years of age whose births are registered (by sex, place of residence and household	Civil Registrar report					

[3] Level 1 child protection cases are defined in child protection operational guidelines as notification cases in which the health and safety of a child is in danger, such as child sexual abuse; separated children; or abandoned children.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	wealth quintile) B: 10% T: 50%						
5. By 2022, at-least 50 per cent of households and 60 per cent of schools and health facilities in selected areas access and use equitable, adequate and sustainable water, sanitation and hygiene (WASH) services that meet national standards, including during emergencies.	Functioning service delivery arrangement for rural WASH and WASH in Institutions B: 0 T: 1	Global Analysis and Assessment of Sanitation and Drinking-Water	1. National WASH Programme Management Unit have strengthened capacity to lead and coordinate WASH sector and ensure that key governance functions for the WASH sector are in place, including during emergencies. 2. Four district development authorities have strengthened capacity to deliver equitable, adequate, sustainable WASH services at households, schools and health facilities, including during emergencies 3. Parents, caregivers and children in selected districts have increased knowledge and skills to improve sanitation and hygiene behaviour and to demand quality services.	DNPM; WASH Project Management Unit; NDOH; NDOE; selected provincial and district development authorities, academia and sector partners	1 000	24 000	25 000
	Proportion of population having access to basic sanitation and water in rural and urban areas of selected districts B: 20% T: 60%	Surveys					
	Proportion of schools with basic WASH services in selected districts B: 40% T: 60%	Educational Management Information System; assessment reports					
	Proportion of health facilities with basic WASH services in selected districts B: 10% T: 50%	Health Management Information System; assessment reports					
6. Evidence-based policies, budgeting, planning and local governance systems	Total expenditure on basic services (education and health) per capita	UNICEF reports; National Department of	1. National capacity to ensure inclusive and equitable social policy is improved.	United Nations; World Bank; ADB; NDOP; National Youth Development	2 200	2 000	4 200

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
effectively promote social inclusion, gender equality and poverty reduction and adolescent development and participation.	B: Health - $73 (2016), Education – N/A T: Health – $85; Education - TBC	Personnel Management (NDOP) reports	2. National capacity for the collection, management and analysis of child-sensitive data is improved. 3. In selected provinces, provincial, district and local councils, have improved planning and budgeting capacities to ensure that priorities for children and adolescents are included in development plans.	Authority			
	Number of children covered by social protection systems B: 0 T: 10,000	UNICEF reports; NDOP					
	Number of provincial and local governments that have evidence based and costed plans for children and adolescents B: 0 T: 8	Programme evaluation					
7. The country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of country office meeting organizational performance standards B: TBC T: 95%	Annual reports	1. UNICEF staff are provided guidance, tools and resources to effectively design, plan, coordinate, implement, monitor and evaluate the country programme. 2. UNICEF staff and partners are provided tools, guidance and resources for effective advocacy and partnerships on child-rights issues with stakeholders. 3. Strategies to address cross-cutting issues related to child rights are developed and applied, including gender, disaster risk reduction and C4D.	United Nations; Government	2 670	2 500	5 170
	Advocacy and resource mobilization strategy developed and implemented B: 1 T: 1	Annual reports					
	Integrated strategy and work plan for communication for development (C4D) funded and implemented B: 0	Annual reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 1						
Total Resources					**10 870**	**75 000**	**85 870**